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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
- ( M )		1082 CERTIFICATE OF DEATH  Reg. Dist. No. 290
director, filled with		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  MARYLAND  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY  COUNTY
death:		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  A. J. Mine X RAPPE
by the f		d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  OR INSTITUTION  OR IN A FARM?  YES IN OF
24 hou		NAME OF DECEASED   Lost   4. DATE   Month   Day Year   OF DEATH   - 4 - 1957
d within	5.	
d samp o paper death.	10c	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTYPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY:  MARYLAND  43 A.
of be of control of co	13.	FATHER'S NAME  I CHARD BLACK WELL VIRGINIA COPPER  VIRGINIA COPPER
ath certification ding physics are removed in 72 haurs		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dates of service)  RICHARD BLACK WELL TRAPPE, MD.
attendii n please t within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  PART I. DEATH WAS CAUSED BY:
that the Hy the nir. The ny even		Conditions, if any, which) by Hyper Tension of aremin 1 all
on. signed sit perm		gove rise to immediate course (a), stating the under- lying course lost.  DUE TO (c) Audionephysis + hydrocuretes to allow
physicial physicial das been indi-from naval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
IAN: Ti lending ficate h the bur or rem	CERTIFI	20a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)
PHYSIC all or off his certi use as emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. p. m. 19 While Nat while of work
WDING  WDING  After the ched for oriol, cre		21. I certify that I attended the deceased fram 1-4, 1956, ta 1-4, 1956, that I last saw the deceased alive an 1956, and that death accurred at 4000 M, from the causes and an the date stated above.
A ATTER d by the ECTOR: or to bu		ACTUAL SIGNATURE John & Bayloutt M.D. 205 Saile and La John Me 100
retaine AL DIR Should I		PHYSICIAN'S John E. Baybutt
HOSP page 3 he regi	220	ELIRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE 1/8/5-7  DATE 1/8/5-7  ADDRESS
A.	3	180 333 X V 4

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Emperon A. Z.

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**CERTIFICATE OF DEATH** 

		Reg	. Di	st. No	s. 🗲	上	7,
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	400 40	-					

1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased I		ini Residence b	efare admis	sion)
Talbot	MARYLAND	o. STATE Marvl	and	P COUNTA	Talb	ot:	
RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN		te limits, write RI	JRAL and give	nearest tow	n)
d. NAME OF HOSPITAL (If not in haspital, give street address)		d STREET ADDRESS				e. IS RE	SIDENCE
OR INSTITUTION		1 202 4					A FARM?
		1 323 So	uth st			1 (5)	] ио 🔀
3. NAME OF DECEASED (Type or print) Malaiah	Middle	ardner	4. DATE OF DEATH	Mon		Day C	Year 19 57
		8. DATE OF BIRTH		. AGE (In years	IF UNDER 1 YE		
Lale Col WIDOWED	DIVORCED	6/6/87	ſ	lost birthday) 79 yrs.	Manths Day		Min,
100 USUAL OCCUPATION (Give kind of work done 10b. KIND O	F BUSINESS OR INDUS	STRY 11. BIRTHPLACE (St	ole or fareign cau	nlry)	12. CITIZEN	OF WHA	COUNTRY?
during most of working life, even if retired)  Laborer Ref	tired	Mary	l and		U.S	Δ	
13. FATHER'S NAME	University Colle	14. MOTHER'S MAIDE	·		0.10	e dle	
Isaac Gardner	~	Rachel	Dolser				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no. or unknown) [1] (If yes, give war or dotes of service)	SECURITY NO. 17.	NFORMANT		Addi	ess		
District Signature		dward -	March	en Ba	Long	ma	*
18. CAUSE OF DEATH [Enter only one cause per line for (a)	), (b), and (c).]	10				NTERVAL B NSET AND	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	7.7.61.	· Selen				10221	SYCAIN
420.1 DUE TO 0.			0				
Conditions, if any, which )	-0. 11a	3 0	P 0	12.		1. 1	1
gave rise to immediate	Men a Ca	rcexan-1	uncil.	Blical		Mont	<i>t.</i>
codse (a), stating the under-	(2. 6	10-17-	112	1			
lying couse last. (c)	us ujes	circuro	Necen	West -		Jecon	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(0	19. WAS	AUTOPSY ORMED?
<b>[8</b> ]							NO 🗆
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED	D. (Enter nature of injury	in Part I or Part I	of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While Na p. m, 19 at werk at at werk	of while	ACE OF INJURY (Hame, factory, street, office bldg.,	orm, 20f. (City o	r lawn)	(Caun	ity)	(State)
p, m, 19 at werk at	work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
21. I certify that I attended the deceased fram	m_//	. 1946, ta	1-0	10.57	that I last	Ab .	4
1 6 57							
alive an	, and that death	accurred at					
ACTUAL PROPERTY OF THE			ADDRESS (SHe	et, city or town,	statel	1	ATE SIGNED
SIGNATURE OF THE SECTION		M.D 7 1 100	Co-tinger	1608 10	Va li		141
PHYSICIAN'S NEF. BUZIL	1110	Fas	for	Man	4/5	nd	
220 SURIAL, CREMATION, 226. DATE THEREOF 22c. N	AME OF CEMETERY OF	R CREMATORY	22d LOCATIO	ON (City, town, o	ricounty)	(Sta	(4)
REMOVAL (Specify)	Lew Char		East	tern &	, A	I.G.	*
	DORESS		EC'D BY REGISTRA		TRAR'S SIGNA		• _
Jares B. Dashiell. Basto	or Tid.		1145		UN.	7.	treat

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ne one			1085 CERTIFICATE OF DEATH Reg. Dist. No. 290
Foge 4 I director filed with	3	1.	PLACE OF DEATH D. COUNTY  TO 100  MARYLAND  2. USUAL RESIDENCE (Where deceased, lived. If institution: Residence before admission) D. COUNTY  TO 100  MARYLAND  D. COUNTY  TO 100  TO 100  MARYLAND
£ 28 .			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  RURAL and give nearest town)  EQSTON 4/2 N7.  C. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest fown)
urs offer de by the fune d 2 should	80		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION
24 hour		1	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH  A DATE OF DEATH  Day Year  DEATH  DEATH  DAY  Year  1957
d within		5. 1	te W WIDOWED DIVORCED   Ceptil 6, 1900   Cost Gethay Months Days Hours Min.
executed and cample on papers.	1	L	USUAL OCCUPATION (Give kind of work done lob. KIND OF 8USINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. CITIZEN OF WHAT COUNTRY?  14. (1)
certificate be execu g physician and car remove carbon pop 22 hours after death		13.	Robert H. HANNA Susan Ann Muir
C 0'/	I)		WAS DECEASED EVER IN U. S. ARMED FÖRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Address Address A
the death ce ne attending hen please re ant within 72			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MEGSETATOLIC HOSTORY  ONSET AND DEATH
uires that gned by the permit. The			Conditions, if any, which gave rise to immediate couse (a), stating the under-
The law red ng physician. e has been si burial-transit	0	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED?  YES  NO [
AN: The I ending phy ficate has five burial- or remaye		CERTIFIC	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI of or att his certif		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st.  p. m.  19  20d. INJURY OCCURRED While Not white at work at w
NDING e hospik : After t ched for urial, cri			21. I certify half lattended the declased from 19, to 19, that I last saw the deceased alive on 10, 17, 19 \(\Omega\), and that death occurred at 12, 0 M, from the causes and on the date stated above.
OR ATTERNED BY IN. SIRECTOR d be deto	,		ACTUAL SIGNATURE CONSTITUTE M.D. 219 5 W25 7 17 6 100 57 24 10 57
OSPITAL O Francisco RAL Di Shauld registror pr	/		PHYSICIAN'S E. C.H. Schmidt Esston 16, Maryland.
TO HOSP		L	BURIAL CREMATION, REMOVAL (Specify)  1-26-57  22c. NAME OF CEMETERY, OR CREMATORY  1-26-57  23c. NAME OF CEMETERY,
VS A15 (4) 15M 9/55	į.	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE  DATE 1-26-57  DATE 1-26-57

BUREAU V. E.

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1				MAR	YLAND STA	ATE DEPAR	TMENT OF	HEALTH-	-BALTIMO	DRE, 18	01070	)
- • 3.6				. 1	086	CERTIF	ICATE OF	DEATH		Reg. I	Dist. No. 2	90
I director	Lie Lie	1.	PLACE OF DEATH	lbot		BARTIN		RESIDENCE (When	e deceased lived. b.	If institution: Resid	ence before admis	sion) V
r deom funeral uld be 1			b. CITY OR TOWN RURAL and give	(If autside carporate li nearest tawn) STON	imits, write c. LE	D. O. A.	176 c. CITY C	A 11	side carporate limi	its, write RURAL and	give nearest tow	n)
by the	7		d. NAME OF HOSE OR INSTITUTION	Faston /	ngive street oddress	2	d. STREE	ET ADDRESS			ON A	SIDENCE A FARM? NO [1]
n 24 ho			NAME OF DECEASED (Type or print)	Ric	Fint Key	Middle July	Ha	LOSI RRIS	I. DATE OF DEATH	Month	Day 24	Yeor 19 5 7
pletely preserved		5. :	Male	6. COLOR OR RAC	WIDOWED [	DIVORCED	1 721-4	1956	,	(In years IF UND) birthdoy) Months yrs. //	Days Hours	ER 24 HRS. Min.
e execut ond com oon pape ir death.	1	L	dotting most at wi	ION (Give kind of war orking life, even if retire	rk done 10b. KIND ( ed)	OF BUSINESS OR	INDUSTRY FF. BIRT	Maryl	foreign country)	f2. C	LITIZEN OF WHAT	
offe offe			FATHER'S NAME	Elfred	L Har	ris	f4. MOTHE	agaci	t An	derson		
ing physici		f5. (Ye	WAS DECEASED EV	/ER IN U. S. ARMED FO   (If yes, give war or dates o	ORCES? 16. SOCIA	L SECURITY NO.	William E	thred Hu	vis Lat	Address L: — C	heater 1	nd.
ottending on please-rate within 72			PART I. DI	EATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE		(a), (b), and (c).]	yex12		10		INTERVAL BE	
by the			57/, 0 Conditions, if	DUE 1	TO 6	,××1/20	02					
requires an. signed sit perm			gave rise to couse (a), stating lying cause lost	the <u>under-</u>	(c)							
physici physici ras beer riol-tron novat, o	2	CATION		THER SIGNIFICANT CO		BUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINA	AL DISEASE COND	ITION GIVEN IN PA	RT 1(0) 19. WAS PERFO YES Y	AUTOPSY PRMED?
ficate of the burner of the bu		L CERTIFI	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCRIBE H	OW INJURY OCC	URRED, (Enter notur	re of injury in Po	t I or,Port II of ite	ım 18.)		
Pritalis of or al this cert r use as emotion		MEDICA	20c. TIME OF INJU Haur o. 11 p. m		White N	lat while	PLACE OF INJUR factory, street, of	RY (Hame, form, ffice bldg., etc.).	20f. (City or town	1)	(County)	(Stote)
NDING e hospit :: After ched fo uriol, cr			21. I certify	that I attended th	deceased fro	7. \	eath occurred	, to o		, 19,that I		
A A I I E d by the SECTOR be deto for to b	,		ACTUAL SIGNATURE	o elex	hui	~X	M.D. 719		ORESS (Street, city			ATE SIGNED
retaine RAL Din should strar pr	/		NAME (Type)	E.C.H.	50/7/	midT	E	25/0	17 16	Ms	34/2/74	1
moj moj poge 3		Н	REMOVAL (Specif	1/26/3	EOF 22c.	THE OF CEMETE	RY OR CREMATORY	7	Alever	ty. lawn, ar county	172 E	e).
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTO	Figure-	Church	ADDRESS	mel.	240. REC'D I	REGISTRAR	PAL. REGISTRAR'S S	SNATURE	4001
		2.	C 1 23'	7 KV'6								



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1			Item 9 FilmG2G9 1	CIMENI OF HEALIH—BALIIM	OKE, 18
T 25 /	D	L	1087 CERTIF	ICATE OF DEATH	Reg. Dist. No. (11/180)
Page directo	X.	1.	PLACE OF DEATH S. COUNTY A A A MARYE	2 USUAL RESIDENCE (Where deceased lived o. STATE	b. COUNTY
eath. eral c be fil	+-		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	v 1b c. CITY OR TOWN (If our side carporote lin	nits write RURAL and give nearest town)
fter d he fun thould		-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
in by t		L	Nemorial Mospital	V	YES NO
24 P			NAME OF DECEASED (Type or print)  Shoron  Ale	EE HORCIS DEATH	Month Day Year Paril aru 9 1957
etely s. Pog		5. 5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	1041 M	(In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Birthday)   Manifes   Days   Hours   Min.
executed nd compl n paper death.	,	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country)	4/23
n ond kbon	\ '	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	nd usp
physicia physicia phours of	( )	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT	CiCObs
ing ph	3		(If yes, give wor or dates of service)	Mary miles	ray mother)
ottend ottend within			18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for A tis	INTERVAL BETWEEN ONSET AND DEATH
y the Ther			75 is DUE TO PM Atil	1B. 1 D. A. 11	1.
uires El gned b permit. in ony			Canditions, if any, which gave rise to immediate cause (o), stating the under	freak gegener	
w required ician.		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART I/OL TR. WAS AUTOPSY
The log physical phas be priof-tr movel.	1 .	FICATION			YEST NO
AN: ending ficate the bu		CERTI	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in Port I or Port 11 of	item 18.)
HYSIC of or other is certian was os motion		MEDICAL	Hour a. n. While Not while	Oe. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)	vn) (County) (State)
ospito frer th id for al, cre		1	21. I certify that ottended the deceased from.	19 10	, 19,that I last saw the deceased
TEND The h OR: A etoche			alive an and that control and the control and that control and the control an	death accurred at ADDRESS (Sirget, c	
OR Al	1		ACTUAL SIGNATURE CONTROL OF THE SIGNATURE	MO. 219 5 W 25/710	2 4 17 17 5 TIONES
registror pregistror president		L	PHYSICIAN'S F.C. H. Schmidt	+ testor 16	Mond fresh
HOSP Foge 3		220	BUPLAL, CREMATION, 226. DATE THEREOF 22 NAME OF CEMET	ERY OR CREMATORY 22d LOCATION (	City, tawn, or county) (Stote)
Q " Q " T	₩2	23.	PONERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
15M 9/55	1	7	amens tomuly borns	Ma   DATE  - 14-5")	1174, 112000

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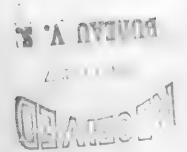
DECENAIL

male col widowed Divorced 8-8-26 lost birthday) 30 yrs.	Doy Yes 3 19
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  3. NAME OF DECLASED WILLIAM ALBERT HARRIS DEATH  1  15 SEX MARIED  G. COLOR OR RACE WIDOWED DIVORCED DIVORCED  10. WIDOWED DIVORCED 11. MOTHER'S MADE HATPIS 12. MAS DECLASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 15. WAS DECLASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. BIFORMANT Co.Birth Conditions, if any, which gove rise to immediate course (o), stoling the underlying course for the properties of the underlying course forth.  DUE TO Conditions, if any, which gove rise to immediate course (o), stoling the underlying course forth.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1978  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port III of item 18.)	DOY YES DOY NOT THE THE PROPERTY OF WHAT COURS A
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF DECEASED (Type or print)  WILLIAM  ALBERT  HARRIS  6. COLOR OR RACE  COI  WIDOWED  DIVORCED  DIVORCED  B. 8-8-26  MOONTH  ALBERT  HARRIS  9. AGE in peors to but bridgery  Sold in peors to but bridgery  Sold in peors to but bridgery  Moonth  12.  13. FATHER'S NAME  HUTTON  HARRIS  14. MOTHER'S MAIDEN NAME  HUTTON  HARRIS  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  If yes, give wor or dotter of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  CO.BITTh PECORDS  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  CONGRIGHER'S MAIDEN NAME  LIZZIO JONKINS  CO.BITTH PECORDS  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  CONGRIGHER'S MAIDEN NAME (b)  CONGRIGHER'S MAIDEN NAME (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.  20a EXTERNAL CAUSE WAS  PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.)	DOY YES 3 19  NOTER TYPE AR IF UNDER THE DOYS HOURS USA
3. NAME OF DECASED   First   Middle   Loal   4. DATE   Month	DOY YES 3 19  NOTER TYPE AR IF UNDER THE DOYS HOURS USA
OF Type or print)  WILLIAM  ALBERT  HARRIS  SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  NEVER MARRIED  18. DATE OF BIRTH  8. AGE  In yearn   leath birthday)  30 yrs.  Month  DIVORCED  10. BIRTHPLACE (State or fareign country)  ALBOTOR  30 yrs.  Month  12. DOTOR  30 yrs.  Month  12. BIRTHPLACE (State or fareign country)  12. DOTOR  3. FATHER'S NAME  HUTTON  HARRIS  14. MOTHER'S MAIDEN NAME  LIZZIE  JONKINS  5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  6. MA, or unknown)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Congenital heart defects  16. Congenital heart defects  Congenital heart defects  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.	3 19  NDER TYEAR IF UNDER THIS DOYS HOURS  COTTZEN OF WHAT COUSA
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE   In peors   Inful birthday   Month of World birth	NDER TYEAR IF UNDER THE DOYS HOURS
USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Usual Occupation (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Usual Occupation (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Usual Occupation of working the country of working the country of working the country of working the country of working the underlying 12. Industry of working the underlying 13. Social Security No. 17. Informant 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Industry of working the underlying 16. Social Security No. 17. Informant 17. Informant 18. Co. Birth 18. Occupations, if any, which 18. Due to 18. Congenital heart defects 18. Occupations, if any, which 18. Due to 18. Congenital heart defects 18. Other significant conditions (Contributing to Death But not related to the terminal disease condition given in 18. Part II. Other significant conditions Contributing to Death But not related to the terminal disease condition given in 18. Primary 18. Other significant conditions 20. Describe how injury occurred. (Enter noture of injury in Part I or Port II af item 18.)	ths Doys Hours  CITIZEN OF WHAT C  USA
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY odd-jobs MD 12.  FATHER'S NAME  Hutton Harris 14. MOTHER'S MAIDEN NAME  Hutton Harris 15. SOCIAL SECURITY NO. 17. INFORMANT Address  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  WAS DECEASED FOR THE PROPERTY OF CONTRIBUTIONS (c), storing the underlying course per line for (a), (b), and (c). 17. INFORMANT Address  The conditions, if any, which gove rise to immediate cause (c), storing the underlying course to immediate cause (c). CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN 1800 ARX PART II. OTHER SIGNIFICANT CONDITION I	USA
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Hutton Harris Lizzie Jenkins  5. WAS DECEASED EVER IN U. S. ARMED FORCES? Tea. no. or unknown)    If yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT Address   Co.Birth records     18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED 87:   Congenital heart defects   T5H, H DUE TO     Conditions, if shy, which gove rise to immediate cause (a), stoting the underlying (b)   DUE TO     Conditions if shy, which gove rise to immediate cause (b)   Congenital heart defects   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 18.	INTERVAL BETWEEL
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20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II af item 18.)	PART 1/ml 19 WAS AT
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.)  PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.	PERIOD
PRIMARY [] or CONTRIBUTING []	YESA
1) IVAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Nat while at work at work at work at work	(County)
≥ p. m. 19 at work □	
21. I certify that I taok charge of the remains described above, held an Autopsy 🗗 Inspection 🗍 . Inq	quiry [], and fi
death resulted from: Natural causes 🔀, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined cause	
S. Asl. A	
SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE \$10
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Louis S. Wolty DEPUTY MEDICAL EXAMINER	12-4
22. BURIAL CREMATION, 22b. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d. 120 ATION (City, town, or court	
PORTOVAL (Specify) 1/5/C/ / / / / / / / / / / / / / / / / /	n@y) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAE 246. REGISTRAR'S	(Store)
James Alcolical Date 1 1958 Mis	R, M

TO HELUTY MEDITAL FIRATIONER: This mertificate should be encouted within 111 hours after death. If any delay is necessary, please executed he certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fundamentary, please 4 should be it rided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial gremation, or remayal.

VS. A15ME(5) 5M 9/55



BUREAU V. A.

EEB ◀ 1025

DECENTED NEW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01083**CERTIFICATE OF DEATH** 000 Rea. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY-MARYLAND MARYLAND Albot 07 the funeral ( c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) GO WEARS MANNI MAN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO TO 3. NAME OF Middle 4. DATE Month Doy Year DECEASED ÖF DEATH NNIE HARRISON (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Doys Hours Trenale WIDOWED THE DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAN U.S.A DUSE WI 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Untermin ANNIE SAMOND WILLTAM RENNING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-02-4918 ERMEST HARRISON EASIDN NO NONE 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY mun IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 8 or Part 10 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Наиг a. m. While Not while at wark ot wark p. m. 21. I certify that I attended the deceased from. 195 / that I last saw the deceased , and that death occurred at I all M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) AN 30195 JURIAL EMELERY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24s. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE arrisani

death.



BUREAU V. S.

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to let	<b>2</b>			CITY OR TOWN	(If outside corp	orate limits, wr	rite c. LE	NGTH OF STAY IN	1ь	c. CITY OR TOWN (II	outside corpo	prote limits, write	RURAL one	give nearest	lown)
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ole b	2 <del>4</del> 2				Unknow	777				IImke	nown				
ifice	00.00			WAS DECEASED EV	ER IN U. S. AR	MED FORCES?	16. SOCIA	AL SECURITY NO.	17, INEC	RMANT	TOWIT	, Add	dress	1/1	
g pl	5.4	1	(Yei	, no, or unknown)	(If yes, give war o	or dates of service)			4	An Gr	a ha	( da	u cshi	tool	
off din	. E		H	18. CAUSE OF DE	ATH [Feter on	ly one couse o	er line for	(a) (b) and (c).)			agg	3 - 12 WC	1	INTERVA	L BETWEEN
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ICL/	י שם משיי			20c. TIME OF INJU			nd INTHER	OCCURRED 20	e. PLACE	OF INJURY (Home, fo	m ! 206 (Ci)	u as tawal	<del></del>	(County)	(State)
HYS	2 2		MEDICAL	Hour a, p,		30 W	/hile I	Not while	factor	y, street, office bldg , a	tc.)	y or lowing		(County)	faiglet
in the second	Crem		≥	p. m.		100		of work		671	<del>-                                    </del>				
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Š S			79	PENCYAL (Specif	ON, 226. DAT	E THEREOF	7 20	-NAME OF CEMETE	RYLOGIC	REMATORY-	Editoca	Toty City, town	or county	10 # 4	Store
0 6 6	<u> </u>		E	quenx	0//	3/3/	19 46-2	est pew	114	unes	DRSI	DEW ON	ark	4	1400.
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MACESEI

## BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1092 CERTIFICATE OF DEATH

01087

				Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	26 A B VII CAND	2. USUAL RESIDENCE (WH	ere deceased lived. If institutions b. COUNTY	Residence before admi	ission)
Talbax	MARYLAND	mary	land	Talbox	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWNFAIL	utside corporate limits, write RUR	AL and give nearest to	wn)
Easton	tur us	XTTODOE	,		
d. NAME OF HOSFITAL (If not in hospital, give street a OR INSTITUTION	ddress)	, d. STREET ADDRESS		e. IS RI	ESIDENCE
Memorial Hos	<u>oikal</u>	-			A FARM?
3 NAME OF First DECEASED	Middle	Last	4. DATE Month	Day	Year
(Type or print) Deo(Ce	Della	hemaid	DEATH Januar	19	195
5. SEX 6. COLOROR RACE 7. MARRI	ED NEVER MARKIED	B. DATE OF SIRTH		Manihs Days Hours	
male white widowed		June 7, 189	39 (at yes.	Manihs Days Hours	s Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHA	AT COUNTRY
	exiled	mach	309	1 US Q	
13. FATHER'S NAME	\	14. MOTHER'S MADDEN N	AME		
Dames Montgomes	heoraid	Agnes	Bell		,
15. WAS DECEASED EVER IN U. S. ARMED FORCEST LE. S. (Yes, no. or unknown) (If yes, give wor or dotes of service)	OCIAL SECURITY NO. 17.	NFORMANT	Address	al lain	1,7
		Mrs Mas	a Demin	1 A This	ila
18. CAUSE OF DEATH [Enter only one cause per Jine	fef (a), (b), and (c).) /?.	101	11 1 11 11 :	//INTERVAL	BETWEEN
PART 1. DEATH WAS CAUSED BY: ///	Insvertig	I X Ime	I will wint	ONSET AN	D DEATH
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ICATI			THE PROPERTY OF CONTROL OF CONTRO	PERF YES C	PRMED?
20g. ACCIDENT WAS UNDERLYING   20b. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 1B.)		
		ACE OF INJURY (Hame, farm,	20f. (City ar town)	(County)	(State)
Hour a. p. 19 of work		ctary, street, affice bldg., etc.	1		
21. I certify that Lattended the decease	d from	19 ta	19	that I last saw the	decease
alive on 19	, and that death	occurred at 45 A	.M, fram the causes and		
610001	1		ADDRESS (Street, city or town, sta		DATE SIGNE
SIGNATURE CLASH	10-	40219 5.16.	05/117/4/11/17	57 191	120 5
F- 0 11 C	1 -14	M.O. 1	1 // / /	-+ ili-ij-d-sajt.	
NAME (Type) E. CH. SO.	1111111	F39701	7 16, (11)	4/3/1/	
220-BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or o	county) / (Sto	ote)
Luna Jan. d. 1951	Daringh	all ameter	, Easton,	Wid.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC/L	BY REGISTRAR 24- REGISTR	AR'S SIGNATURE	(
Maring to Menony.	Son Engites	. VON DATE !	011-7 164	1,11018	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 AL DIRECTOR: After this certificate has been signed by the attending physician and campletely page. I should be detached for use as the burial-transit permit. Then please remave carbon papers. Pot the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. 10 VS A1S (4) 1SM 9/SS

d in by the funeral director, I and 2 should be filed with

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BUREAU V. A.

DECEIVED 1757

aurs ofter death.

BUREAU V. E.

FEB 4 1957

Conditions, if ony, which gave rise to immediate casse (a), stating the underlying couse last. 20g, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour a.m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)

Day, 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED

While

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(State) (County)

21. I certify that I attended the deceased from

Not while of wark

(State)

\_\_\_that I last saw the deceased

at work p. m.

ADDRESS (Street, city or lawn, state)

ACTUAL V

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

1. PLACE OF DEATH

o. COUNTY

NAME OF

DECEASED

S. SEX

(Type or print)

13. FATHER'S NAME

Female

pluods

ofter

hours remove

ā

and that death accurred at

22d. LOCATION (City, tawn, or county)

1/6/57 Vienna Ce**net**ery **ADDRESS** 

225. DATE THEREOI

Vienna, Dorchester Co., Md.

PM, from the causes and an the date stated above.

240. REC'D BY REGISTRAR | 248. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

22c NAME OF CEMETERY OR CREMATORY

VS A15 (4) 15M 9/55

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BUREAU V. S.

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BECEINED

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1094 CERTIFICATE OF DEATH Reg. Dist. No. 20 90
d with	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: fesidence before jodmission) b. COUNTY b. COUNTY
at di	b. CITY OR TOWN Iff outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN Iff outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN Iff outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN Iff outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN Iff outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN Iff outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  b    c. CITY OR TOWN III outside corporate limits, write   c. LENGTH OF STAY IN  c. CITY OR TOWN III outside corporate limits   c. CITY OR TOWN III outs
funer funer old by	RURAL and give nearest town)
by the	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  OR A FARM?  YES NO
ed in 24 ho	3. NAME OF DECEASED (Type or print) CESTFUE Modele Modele ACARD DEATH ADVANCE & 195
s. Pog	5. SEX    6. COLOR OR RACE   7. MARRIED     B. DATE OF BIRTH   9. AGE (In years IF UNDER 24 HRS   1 UNDER 24
nd comp in poper death.	100 USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or fpreign country)
on and carbon after de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
icate ve ca	Augusta Campbell Francis Wallage
certifi 19 phy 1 rema 72 ha	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY (You. no. or unknown) (N yes, give wor or dates of service)
endir endir lease ithin	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET ADD DEATH
the d	IMMEDIATE CAUSE (0)
that that I that y every	Conditions, if any, which )
gned Sermin	gove rise to immediate course (a), stating the under-
requirements of signature of si	lying cause lost. (c)
he low physic ham bee riol-ham nach	PART II. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum_{10} \) NO \( \sum_{10} \)
ending ficate the bu	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSIC or att is complete as as motion,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Howr a. p. m, 19   White Nat white of wark o
spitol spitol for th creating	
S. Aff	alive on 1957, and that death occurred at 3011 M, from the causes and an the date stated above
RECTO be det	ACTUAL I Rus Pen & arrive M.D. Carker than hand 5 Feb 57
reline RAL Dil should ster pr	PHYSICIAN'S THURSTON HARRISON
HOSP poge 3 he relia	220. BURIAL CREMATION, 22d DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (22d. LOCATION (City) town, or county) (Stope)
VS A15 (4)	23 FUNERAL DIRECTOR SEIGNATURE  ADDRESS  ADDRESS
VS A15 (4) 15M 9/55	7-1 1/1000 JA-EM JEMES //4/0ATE /89/57/ 1/99. Melvel

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BUREAU V. S.

			MARYLAND	STATE DEPARTA	PENT OF HEALTH	I—BALTIMORE, 1	8 01091
K74			1095	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 290
	1. (	LACE OF DEATH D. COUNTY	, —	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived If institution	on: Residence before admission)
		RURAL ond give nearest	town)	c. LENGTH OF STAY IN 16	1 3	utside corporate limits, write R	URAL and give nearest town)
90		NAME OF HOSPITAL (IF	not in hospital, give street a	544-	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print)	Eduler	Middle	Manday	4. DATE Mon	10 00
	5. 5	Mc/e (	COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH (	9. AGE (In years lost birthday) 77 yrs.	Months Days Hours Min.
1	10a	USUAL OCCUPATION (C during most of working li	ive kind of work done 10b. K fe, even if retired)	IND OF BUSINESS OR INDI	ISTRY 11, BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY
-	13.	FATHER'S NAME	Munday		14. MOTHER'S MAIDEN	T / 2	2 N . A
	15. (Ye	WAS DECEASED EVER IN (IF yes,	U. S. ARMED FORCES? 16, S give war or doles of service)	OCIAL SECURITY NO. 17	Marshall	Taylor.	Cadara ma
		,	Enter only one couse per line AS CAUSED BY: EDIATE CAUSE (o)	for (a). (b). and (d).]	Peni Mia		INTERVAL BETWEEN ONSET AND DEATH
		331 X Conditions, if any, v	DUE TO	Cerebro U	asculor ac	icle of	3 weeks
		gave rise to imme- cause (o), stoting the <u>u</u> lying cause lost.	diota (	Peneral:	1 arteria	Selemi.	yes
***	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	INTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	TEN IN PART I 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	DERLYING AUSE OF DEATH CAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY M Hour a. js. p. m.	While	Not while ot work	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
		21. I certify that I	attended the decease	1	9 , 1916 , to /	PM from the course of	"that I last saw the deceased
,		ACTUAL SIGNATURE	7 Buch	/ Will man dear		ADORESS (Street, city or town,	pare) DATE SIGNED
\$		PHYSICIAN'S NAME (Type)	1F. Buel	/	Easi	for Mel	~
	220		2b. DATE THEREOF	220- HAMS OF CEMETERY	OR CREMATORY	22d. LOCATION (City, toward	or county) (State)
*	23.	James	B. Dash	ADDRESS	24a. REC'U	BY REGISTRAR 245 REGIS	STRAR'S SIGNATURE
1		V			/	2 177	- Jucioca

BUREAU Y. EL

FEB & 1957

## this after death. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0.109240 ᇫ CERTIFICATE OF DEATH death. CO Reg. Dist. No. after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED TALBOT hours COUNTY MARYLAND STATE MARYLAND COUNTY TALBOT 72 hour CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporete limits, write RURAL end give nearest town) and give neerest town) (in this place) OR TOWN MOOTA OXFORD LIPE OXFORD STREET HOSPITAL OR (If rurel give location) INSTITUTION OR ADDRESS within funeral STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Dey) (Yeer) DECEASED OF registrar 후 (Type or Print) DEATH 16. 19579 BESSTE SINGLE, MARRIED, POPE 5. SEX COLOR OR 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR RACE WIDOWED, DIVORCED. 1 Min. Months Hours Mirried White 1881 the Female 20. Yrs. Sept. 5 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even II OR INDUSTRY that thereforth COUNTRY? Housewife. Maryland 14. MOTHER'S MAIDEN NAME U.S Home **NSTRUCTIONS** 13. FATHER'S NAME Algie Crow Mary Bafford 17. INFORMANT & ADDRESS physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. death certificate (Yes, no, or unk.) (If Yes, give wer or detes of service) burial Mr. Oscar Pope Oxford. Md. and 18. MEDICAL CERTIFICATION INTERVAL BETWEEN copy may be retained by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician Wille. USB 35 IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) TO FUNERAL DIRECTOR: The law requires that the certificate has been executed by the attending ph DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. e attending detached for DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. å 19a DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT NO.X YES 🔲 should 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State) TENDING PHYSICIAN OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) death certificate assembly 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED (Year) (Hour) 21f. HOW DID INJURY OCCUR? While Not while el work at work 19. 21., that I last saw the deceased .... to 16 alive on 13/24 SIGNATURE ADDRESS (Street, city, town, sletp) DATE SIGNED he boffom certificate Willes The allesia BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stole) REMOVAL (SPECIFY) Oxford Cemetery Oxford, Maryland Jan. 19, 19**5**7 Burial REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maurice E. Newnam & Son

THEY A T.

7261 8S NAI

SECENAED.

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## hin 24 hours after death; Page 4

# NERAL DIRECTOR: After this certificate has been signed by the attending physician and camplered filled in by the funeral director. 8 Should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 should be filed with the registror prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed w

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1102	CERTIFICATE OF DEATH	

8 (11193 Reg. Dist. No. 290

	1. PLACE OF DEATH					USUAL RESIDEN	CE (Wh	ere decease				ence befo	re odmiss	ion)
/	Ta Ta	lbot		MARYLAND			aryl	and	ь. сс	YTAU	Car	olin	le	V
	b. CITY OR TOWN (II RUPAL and give no Laston	outside corporate lim arest lown) — RUI al	its, write	c. LENGTH OF STAY IN 16	- 11	CITY OR TOW				write R	URAL ond	give ne	orest tawn	)
	d. NAME OF HOSPITA	AL (If not in haspital,	ive street	oddress}		d. STREET ADDR		0.2000	*5				e. IS RES	DENCE
	ORANSIIIUTION EBS CON	- Preston	Road			2]	LI M	aple .	Avenue	9			ON A	FARM?
	3. NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE OF		Man		Oc	у	fear
	(Type or print)	Wilm		Thomas		Rowins		DEATH	Ja	inua	iry	23	1	9 57
i	5. SEX	6. COLOR OR RACE	7. MARR	IED 🗖 NEVER MARRIED 🗀	B. DA	ATE OF BIRTH			9 AGE (In lost birth	years iday)	IF UNDE			R 24 HRS.
	Male	White	WIDOWE		J	uly 20.	188	3	73	yrs.	wantas	Days	Hours	Min
	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE	(Stote o	or foreign c	ountry)		12. C	ITIZEN C	OF WHAT	COUNTRY
		ance Work		utomobile Age	ncy	Dorche	ste	r Co.	, Mary	lar	ıd	U.S.	A.	
	13. FATHER'S NAME				14	. MOTHER'S MA	IDEN N	AME						
	Tho	mas R. Row	ins			Marga	ret	Wrig	ht					
1	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT				Add	ress			
)	No	yes, give -ar or build or :		214-12-5720	$M_{rs}$	Maude	E. 1	Rowin	s, Fed	era	lsbu	rg,	Mary:	Land
	18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	ne for-(a), (b), and (c),		11	٠,	1.					ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Cardio	i C	70	L	un	_			ON	SET AND	S-
	44	DUE TO		1 1		1. 0	^	1.			,	- 102		
	Conditions, if ar	ny, which ) n	. a	Heroscle	rol	40 (6	110	10	Vasc	reli	w			
	gove rise to in codse (o), stating t		- A	0 01								10	1/1.	/ /
	lying couse lost.	10 01001	1 Su	ina a	12	a loss						17	1101	54
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	JT NOT	RELATED TO THE	TERMIN	IAL DISEAS	E CONDITIO	N GIV	EN IN PA	RT 1(o)	PERFO	UTOPSY
`	CAT													NO Z
	PART II. OTH  20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter nature of inj	ury in P	ort 1 or Par	1 II of item 1	B.)				
			or 20d. IN	NJURY OCCURRED 20e, 1	PLACE (	OF INJURY (Ham	e, farm,	20f. (City	r or lown)			(County)		(State)
	20c. TIME OF INJURY	19	White	Not while	octory,	street, office bld	lg., atc.)		,,			(,,,		(3,0,0)
					10	20///	00	11/	10.	-61				
1	70 /	at I attended the		, , , , , , , , , , , , , , , , , , , ,		., 1927, to	oy ce	18	(3,1	920	Z,that I	last so	ow the	decease
	alive on		ير 12 م	and that deal	ih occ	orred at 23						the da	te state	d above
	ACTUAL	11000	,			1	1 /	MOKESS (S	treel, city or	rown,	1lole)	Phyl	1 %	TE SIGNET
	SIGNATURE	V. ~ . (1) [	2-1-	un!	_ M.D.	Z_		COC	WAKE		Z	17:4		× 4 -
	PHYSICIAN'S NAME (Type)	W.E.	Lenno	n M.D.	_	Fe	der	alsbu	rg. Ma	ryl	and			
	220. BURIAL, CREMATION			22¢. NAME OF CEMETERY				22d. LOCA	TION (City, 1	lown, c	or county)		(Stole	)
	REMOVAL (Specify) Burial	Jan. 26,1	1957	Hill Crest	Cen	etery		Fede	ralsb	irg	, Mar	ylar	nd	
	23. FUNERAL DIRECTOR'S	SIGNATURE	End-	ADDRESS More	ral es	in ni		BY PEOIS		REGIS	TRAPIS S	утума	RE	1 .
	J.J.Frampto	m and son,	rede	ralsburg, Mar	y zeti	DA	TE /-	76-2	1/		41.		01/	W

BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01094

	1103	CERTIFICA	ALE OF BEATT		Reg. Dist. No.	290
1. PLACE OF DEATH	albot	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Mary land	teased lived. If institution b. COUNTY	Talbot	e admission}
b. CITY OR TOWN (III RURAL ond give ne UZZI OT 0.	outside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Rural Roy	corporate limits, write RU	_	rest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS			ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Willar o	Middle d Berri <i>dg</i>	e Saulsbury			-
s. sex male		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Jan. 4, 1889		Months Days	Hours Min.
during most of work L'a.rmer 3. FATHER'S NAME	ing life, even if retired)	Tennant Farm	14. MOTHER'S MAIDEN NAME	ounty, Md.	U. S	F WHAT COUNTRY
5. WAS DECEASED EVE	Thomas Sauls R IN U. S. ARMED FORCES? If you give wor or doles of service)	6. SOCIAL SECURITY NO. 17.	Josephine I NFORMANT Mrs. Harry V.	Addr	es xford.	Md.
Conditions, if or gove rise to it coss (o), stoling lying couse lost.	the under-	Carcinomo	Payere  NOT RELATED TO THE TERMINAL DI	SEASE CONTINUOUS CITY	Shi ini Daot Val 16	2 WAS ANTOPSY
CATIC			D. (Enter nature of injury in Port 1 o		EN IN PARI I(0)	PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 20d	INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, 20f.		(County)	(State)
20c. TIME OF INJUR Hour a.m. p. m. 21. I certify th alive on		ased from. 6/8	, 1956, to 1	from the causes a ss (Street, city or lown,	nd on the dat	

The property of the haspital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral director as a shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filed with registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VS A15 (4) 15M 9/55

hin 24 haurs ofter death. Page

CHYTHROATE OF BEATH

BUREAU V. S.

5201 123 MAC

BECEINED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH ssory, please exe-Page 4 should be cramotian Reg. Dist. No. C PLACE OF DEATH 3 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY G. STATE b. COUNTY Talbot MARYLAND Talbot burial b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give necrest town) and nive nearest town Six Days Rural - Trappe Easton director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 Memorial Hospital NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) Martin Wilson DEATH 30 19 5 Edward Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS lost birthday) Months WIDOWED 3 retained DIVORCED | Male 5 yrs. with 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? €4 during most of working life, even if retired) Laborer Gardening Talbot County. USA may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, Blake 40 Albert Henrietta Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 222-20-33 Elsie Stanley Cambridge. PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Therapeutic misadventure with anesthesia MAMEDIATE CAUSE (o) along with far burial-transit DUE TO Ruptured gall bladder with subdiaphragmatic abscess Conditions, if any, which gave rise to immediate cause and pleural effusion with compression of lungs **DUE TO** (a), stoling the underlying couse last. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20 CERTIFICATION PERFORMED? YES I NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Expired on the operating table before exp. Laparotomy 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Nat while G. IR. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry forwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes Accident . Suicide Undetermined cause Homicide . cerlificate, DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER de ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 0 Buria Trappe Cemetery Trappe Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A 15ME(5) Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

THE R. P. LEWIS CO. LEWIS CO., LANSING MICHIGAN PROPERTY AND PROPERTY AND PARTY AND PA

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